# MNCH2 Year 5 Report:

# Learning Event 1:

# Everyone counts: Improving accountability for health

Katsina, Nigeria
30 October 2018

MNCH2
Empowering Communities
Strengthening Health Systems
Saving Lives

UKaid
from the British people

# Message from MNCH2

This important learning event, which is the first in a series, brought together stakeholders from the government, civil society, donors and the community to exchange ideas and discuss sustainable solutions for accountability in health, with a particular focus on RMNCH.

Since the inception of MNCH2, work has been done across the six support states – Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara – to improve the quality-of-care and access to RMNCH services. The programme has worked with the federal and state governments, in the community and directly with clients to co-design and implement interventions and activities that have had the tangible outcome of saving lives. One such example is the Maternal Death Reviews which have resulted in the establishment of blood banks.

Some of these success stories that the programme has been witness to were recognised at the event and their stories are included in this report. The event proved the power of information and its ability to influence decision-makers, thus expressing the importance for communities to have the 'Right to Information' to enable them to advocate for better services.

The MNCH2 team would like to extend a special thank you to all of the participants who engaged in thoughtful discussions and showed their dedication to sustaining accountability and making the changes in their states and communities.

**This report summaries the discussions and review of the event.**

**The learning event on accountability brought together stakeholders from government, donors, civil society and the community**

# Everyone counts:
# Improving accountability in health

## Event summary

## Event review

# What does accountability mean for the state, civil society and Nigerians today?

## Main takeaways

- Accountability within the health sectors can be defined as reform intended to improve quality of care / service issues
- Accountability to CSOs means examining what has been done, to whom and with what resources
- Accountability for Nigerians involves critical engagement with the state by the citizens
- Accountability has been improved through the interventions of the MNCH2 programme through the use of evidence and empowering and enabling citizens to demand better services

In a democracy, a critical element in engagement between citizen and the state is accountability.

Mustapha Jumare,
KADMAM Co-Chair

## Key lessons

- The use of enhanced accountability has improved quality issues in service delivery and budget increases
- CSOs demand for justification, transparency and the prudent use of resources has also improved quality issues
- SLAMs have been able to better engage the state to increase funding in the health sector
- Facility Health Committees (FHCs) have improved facilities through the ability to demand and secure higher-quality services

- Better use of data and evidence will improve accountability and transparency in the planning process
- Engagement of state Ministries of Health and legislatures by CSOs helps to improve transparency

## Challenges

- Despite the efforts being made, maternal mortality data is still increasing (NDHIS 2018 & 2013)
- There are still issues with budget releases with cash backing
- Some states have yet to meet the Abuja Declaration with 15% of the state budget allocated to health

## Action learning

- Government commitments in health should focus on reform, based on quality issues, in line with universal health coverage
- CSOs should ensure accountability in respect to openness and justification
- Use of evidence in the accountability engagement process should be sustained

> MNCH2 has touched the lives of the people of Katsina state.
>
> Dr. Kabir Mustapha,
> Permanent Secretary, representing
> Honorable Commissioner of Health,
> State Ministry of Health - Katsina

**Presenters**

- **Dr. Kabir Mustapha** - Permanent Secretary representing the Honorable Commissioner of Health, State Ministry of Health – Katsina
- **Dr. Bashir Usman Ruwangodiya** - Coalition of Civil Society Organisations, Chairman - Katsina
- **Mustapha Jumare** – Co-Chair KADMAM (Kaduna State MNCH Accountability Mechanism)
- **Dr. Ashiru Hamza** - National Accountability and Advocacy Adviser, MNCH2

# Panel discussion 1:
# Facility Health Committees (FHCs)

## Main takeaways

- FHCs are the voice of the citizens
- For FHCs to be effective they require government support and partnership
- FHCs are actively involved in the decision-making process of their respective communities

## Key lessons

- FHCs work to solve problems within their communities through the engagement of leaders, facilities and community members
- FHCs has contributed to major changes within their communities, such as the establishment of blood banks, improvements in health facility staffing, refurbishments to facilities among others
- FHCs have been successful in providing mediation between communities and facility staff members
- FHCs have been successful in mobilising resources to sustain their local health facilities
- FHCs are using evidence for advocacy to generate resources and improve facilities

## Challenges

- FHCs lack the capacity to adequately track their resources
- The work of FHCs is lagging due to limited resource generation

## Action learning

- Government needs to recognise the importance of FHCs and support their work by building their capacity, use of voluntary work to support them
- Government should institutionalise the activities of FHCs in the National Health Act
- The community should sustain FHCs
- FHCs should be given the "Right to Information"

FHCs mobilise resources and access them for the benefit of their community.

Learning event participant

### Presenters

- **Bashir Usman Ruwan Godiya** – Moderator, KATSMAF (Katsina State MNCH Accountability Forum)
- **Hauwa Bature** – FHC member, Zamfara
- **Ibrahim Sogji** – Health Development Foundation
- **Baffa Nayaya** – JIMAF (Jigawa State MNCH Accountability Forum)
- **Abel Adejor** – ECP
- **Dr. Ashiru Hamza** - National Accountability and Advocacy Adviser, MNCH2

# Accountability in practice: Increasing health budgets in Kano and Yobe states

## Main takeaways

- SLAMs have successfully used evidence to influence decision-making; Kano and Yobe states are good examples of this where health budgets have increased and the Abuja Declaration has been fulfilled
- Using evidence-based advocacy is effective in influencing change by both FHCs and SLAMs
- Advocacy must go beyond just asking for increased budgets and must also address quality of care – including human resource issues, staff attitudes and institutionalised mechanisms for tracking services at different facilities

## Key lessons

- Commitment of FHCs and community members, SLAMs and government officials is requiste in driving accountability for MNCH
- Government communities and donors / partners can play vital roles in ensuring the functionality of the sustainable health care financing
- Holding government to account for its commitments must create dialogue and bring together the voice of citizens, service providers and government in a variety of formats such as forums, phone-in programmes and other outlets in addition to face-to-face meetings with decision-makers

**Both SLAMS and FHCs have been instrumental in eliciting change at the facility and state level.**

Evidence of change has been shown in government policies as well as improved services in facilities.

**CLIENTS (%) THINK FHCs IMPROVED SERVICES BY:**

| | |
|---|---|
| Helping providers do a better job | 74.3 |
| Enabling community mobilisation | 60.4 |
| Increasing health provider availability | 58.3 |
| Increasing community's access to services | 57.6 |
| Improving health provider attitude | 53.5 |

n=169

Source: Oguntunde et al. BMC Health Services Research (2018) 18:104

## Challenges

- Politicization of issues, inadequate resources and knowledge as well as sustainability remain key challenges to overcome when advocating reform

## Action learning

- SLAMs should continue to sustain efforts in advocacy, targeting not only budget allocation but the release of funds for MNCH related activities in their state
- Continued and regular engagement of the media with the inclusion of voices from civil society, the citizenry and government can influence change
- The use of evidence and community scorecards have proven important tools in influencing decision-makers and should be continued with in both FHCs and SLAMs
- SLAMs and FHCs, when working in collaboration, are effective advocacy partners and should continue to work together – especially on issues which can be rolled-out across the state

**One of the valuable information I found useful in JIMAF is the issue of Maternal Death Review.**

Which before some facilities were not recording the causes of maternal deaths in facilities…

JIMAF members were able to pay facility visits to find out why they were not reporting, so by that accessible we are able to encourage facility staffs to at least be capturing the causes of maternal deaths.

And at the same time reporting to the appropriate channel, that is to the state-level for record keeping.

Mustapha Umar
JiMAF (Jigawa State MNCH Accountability Forum)
Secretary

**Presenters**

- **Dr. Ashiru Hamza** - National Accountability and Advocacy Adviser, MNCH2
- **Salisu Yusuf** – AMMKaS (Kano State MNCH Accountability Forum)
- **Hauwa Sani** – State Ministry of Health - Yobe

# Panel discussion 2:
# Holding the government to account and advocating for reform

## Main takeaways

- FHCs are the voice of the citizens
- For FHCs to be effective they require government support and partnership
- FHCs are actively involved in the decision-making process of their respective communities

## Key lessons

- YOSAMM was successful in increasing the Health Budget to 15% through a triangular relationship of the media, CSOs and the State House Assembly
- Engaging in government activities in the co-creation of budgets between government and accountability mechanisms leads to positive outcomes
- Accountability mechanisms are most influential when they have high-quality informed advocacy themes through a better use of data and packaging evidence that earns the respect of government
- Health data should be presented to the government in a format in which they are familiar and understand
- Involvement of the private media can create influence for change

## Challenges

- Government has resorted to being reactive on a seasonable basis and prompting by donors and other bodies
- Inadequate knowledge on the part of the government
- Funding – government with only one area of concern
- Political interference into FHC's created a misunderstanding between the facility staff/ community members and the FHC members
- Despite the FHC efforts there is still limited availability of the medicine required for maternal health
- There needs to be more strengthening as a part of the move towards sustainability

# Action learning

- An open government partnership that includes interactive sessions with the public are important, this can include such things a phone-in programme to a public forum
- Involving community members to be included in budget dialogue helps ensure that their needs are met and are realistic
- Public pronouncements should have a devoted place, time and specification of what event will occur
- More needs to be done by the way of developing and establishing donor coordination through agreements or commitments to specific aspects of the whole
- Tools developed – budget planning for making policies
- Established laws - fiscal responsibility and procurement
- A call circular is being issued, then budget prepared and all requests are supposed to be released; funds are then expended with an M&E Committee

**Presenters**

- **Dr. Babatunde Segun** – Moderator, E4A-MamaYe Country Director, Options
- **Salisu Yusuf** – AMMKaS (Kano State MNCH Accountability Forum)
- **Hauwa Sani** – State Ministry of Health - Yobe
- **Auwalu Hamza** – ARC
- **Aja Ahmed** – Yobe State

# Recognising progress:
# Award nominations for improving accountability in health

⭐ **AWARD WINNER:**

## FHC mobilisation effort brings maternal deaths to a halt

| Location | Key actors | Date |
|---|---|---|
| Yantumaki, Katsina | • FHC Yantumaki – Alhaji Lawal (Chairman) | 10 October 2016 |

Due to the associated risks, Primary Health Care Centres in Katsina State do not perform blood transfusions. However, this means that communities not close to a secondary facility, often face fatal delays in receiving blood.

Yantumaki Primary Health Care Centre In-Charge tells of a patient who arrived at the facility: "**Hauwa Musa** was brought from Katsalle village. She was unconscious and needed blood transfusion, because she lost a lot of blood before reaching the health facility. […] unfortunately, there were no means of transportation to reach the general hospital quickly. Over one hour was spent looking for transportation because it was past 1 o'clock am. Later a vehicle was found, but unfortunately before reaching Danmusa General Hospital, she died".

The incident moved Facility Health Committee chairman, **Alhaji Lawal Yantumaki**. The committee started working with the community members to find volunteers to serve as Emergency Transport Services (ETS) drivers. Currently, there are five ETS drivers.

Since the intervention, no pregnant woman has lost her life due to a lack of transport. The FHC also expanded advocacy efforts and the facility now has two trained medical doctors and has been converted to a Comprehensive Health Centre (CHC), which provides a 24-hour service – including blood transfusions – and better access to a range of services.

*Alhjai Lawal is the Chairman of FHC Yantumaki*

**NOMINEE:**

## A review into maternal deaths triggers a community to power a blood bank

| Location | Key actors | Date |
|---|---|---|
| Gumel General Hospital, Jigawa | • **Director clinical services** – Secretary of the MPDSR Committee<br><br>• **The Patron of the friends of the Hospital** – The Yeriman Gumel<br><br>• **Mai unguwa Babangida** – the Chairman of the Hospital friends | **29th August 2017** |

Back in 2015, the Maternal and Perinatal Death review revealed to the management of Gumel General Hospital haemorrhage as one of the leading causes of maternal deaths in the hospital. The MPDSR Committee working with the Friends of the Hospital group decided to mobilise the communities for blood donation but also introduce a reliable blood bank. The hospital had a blood bank, but it was often out of use due to a lack of power.

The hospital launched a 'blood donor day', which resulted in a blood donor directory. The initiative garnered support from groups such as Red Cross Society, the Emirate Council and trade unions. Since then, the hospital has had a regular supply of blood to attend emergencies.

The community also started advocacy efforts to procure a generator that would provide power for the blood bank. A local businessman made a donation for a refrigerator and a solar powered thermostat.

The figure below shows an increase in maternity admissions, delivery and caesarean sections and reduction in maternal deaths.
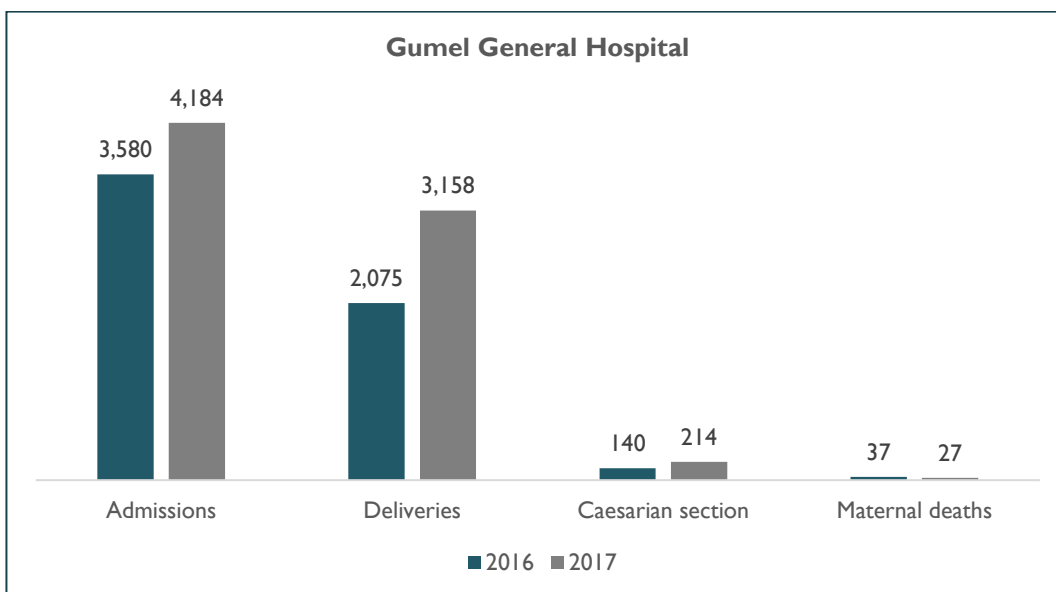


*Source: Labour and Delivery register*

## "Space and privacy": Community takes ownership for the health of its mothers

| Location | Key actors | Date |
|---|---|---|
| **Sule Tankarkar, Jigawa** | **Gadaka FHC:**<br>• Musa Danfulani, Chairman, Village Health Facility Committee<br>• Midwife Model Primary Hospital<br>• ANC Focal Person | **June 2018** |

To drive for sustainability, MNCH2 set out to strengthen the governance and management of health systems at Jigawa State and Local Government Area level. This led to the establishment of local community health committees to ensure that local communities take responsibility for their own health. One such community health committee, a Facility Health Committee in Sule Tankarkar Local Government Area raised enough funds (232,250 naira) to build a standard Labour ward to ensure safe delivery at the Model Primary Hospital. One of the main reasons women didn't deliver at the facility was the lack of space.

According to the Chairman of the health facility committee, **Musa Danfulani**, the expanded labour ward has helped address critical issues such as capacity and privacy, which in the past had discouraged women from attending the facility for delivery. In the past only 40-80 women came in for delivery at the health facility, with the addition of the Labour ward, there has been an increase to about 180 women coming in for delivery every month.



Since the expansion, deliveries have almost doubled

498 — Jan - Dec 2017
987 — Jan - Sep 2018
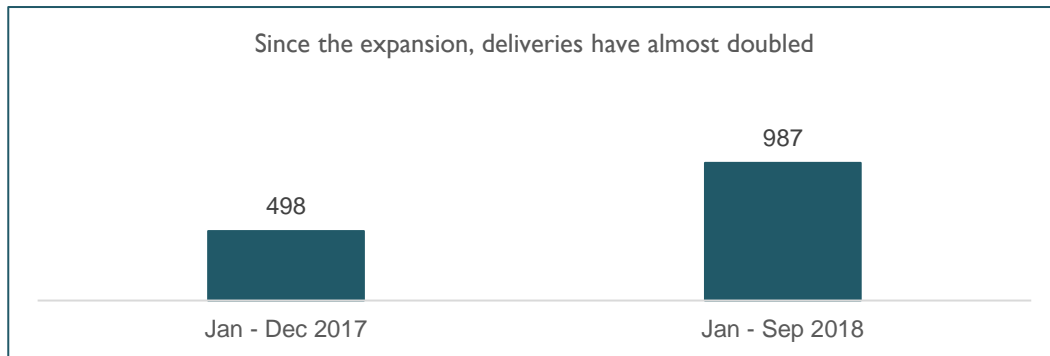
The Officer-in-Charge, **Mallah Yahaya Babandi**, describes the change: "The expansion of our Labour ward has reduced congestion; it serves as a waiting room for women in the community before and after delivery. Not only that, it has really improved privacy as well as easy flow of delivery in this facility."

Malama **Husseina Saminu** recalls: "I delivered three years ago in this health facility. At that time, the place was very hot and congested. With this new extension, the place is very spacious, well ventilated and we can now rest after delivery. We are very happy."

## NOMINEE:

## AMMKaS advocates to transform the health system in Kano

| Location | Key actors | Date |
|----------|-----------|------|
| Kano State | AMMKAS | |

The Accountability Mechanism for Maternal and child health in Kano State (AMMKaS) is an umbrella body of Civil Society Organisations (CSOs), Facility Health Committees (FHCs), Hospital Friends Committees, media, Government and professional bodies dedicated to promoting innovative accountability and transparency in Maternal, Newborn and Child Health (MNCH) in Kano State. AMMKaS has contributed to various laws signed by the Kano State government. The State Government has recognised this and appointed members of AMMKAS to a number of governing boards and agencies:

- Kano State Contributory Healthcare Management Agency (KSCHMA)
- Kano Health Trust Fund (KHETFUND)
- Private Health Institutions Management Agency (PHIMA)
- Kano State Ultra-Modern Specialist Hospitals (KUSH)

AMMKaS has also made inputs to the development of the Kano State Five-Year Strategic Health Development Plan II 2018-2022 (SSHDP), Mid-Term Sector Strategy (MTSS), and Annual Operational Plan (AOP).

Despite the progress made in Kano, the State Government proposed to allocate 10.7% to health sector in 2018 – a drop from the previous year's budget. This was a major setback for all working and advocating for a stronger health system. With MNCH2, AMMKaS convened an emergency meeting to discuss the situation. After hearing the arguments and evidence, the State Governor agreed to revise the budget. The revised 2018 budget is now 13.01% - an increase of over seven billion naira. The Rt. Hon. Speaker also set up a committee, comprising of representatives of the government, AMMKaS and the MNCH2 team with a mandate to come up with areas that require budget increases. All recommendations have been approved.

**Budget allocation as a percentage of budget in Kano**
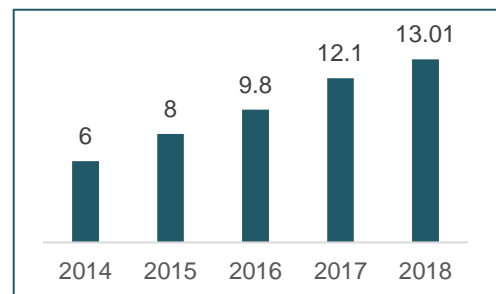


"A lot of states across the federation call us for support, but Kano State always calls us to launch their achievement."

*Hon. Minister of Health Prof Isaac Adewale during the official launch of Contributory Healthcare Scheme*

AMMKaS has been part of developing and launching the Kano Contributory Health Care Scheme and the members have continued to support MPDRS monitoring successfully advocating for the availability of life saving drugs in both secondary and primary health facilities.

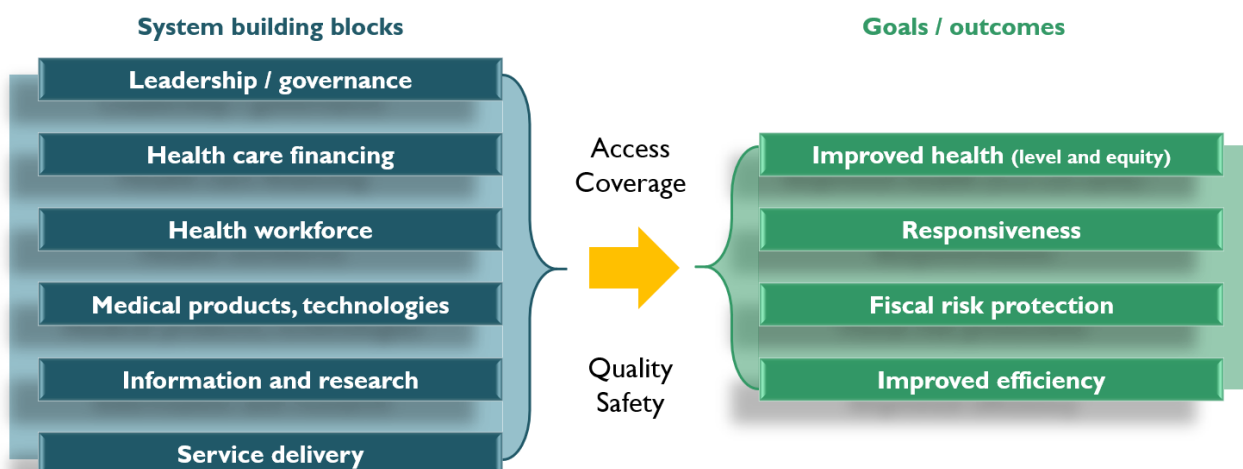# Breakout session 1: Sustainable healthcare financing

## Main takeaways

- Finance is the foundation of the healthcare system, as it affects and determines the functionality of all other building blocks (service delivery, information, workforce, leadership, medical products etc.)
- Budgetary allocation does not always translate into the release or utilisation for the healthcare system
- Over 70% of financing for health stems from individual out-of-pocket expenses, which further drives people into poverty
- Financing for healthcare is faced with many challenges (socio-economic, religious, poverty, labour union stances, government policies – such as free drugs and services) which are exacerbated by politics

## Key lessons

- To ensure that health is financed in a sustainable manner, each state needs to establish an insurance scheme to reduce out-of-pocket expenses and guarantee financial protection for its citizens against catastrophic spending on health
- Adapting a culturally acceptable scheme / system that aligns with the environment it is meant to serve – e.g. Kano's use of contributory in place of insurance is critical in overcoming major bottlenecks

## Health financing is the fulcrum of health systems

**System building blocks**

- Leadership / governance
- Health care financing
- Health workforce
- Medical products, technologies
- Information and research
- Service delivery

Access
Coverage

Quality
Safety

**Goals / outcomes**

- Improved health (level and equity)
- Responsiveness
- Fiscal risk protection
- Improved efficiency

# Challenges

- In order to foster better cooperation and oppoturnities to tap into local resources, government needs to be more receptive, open and clear about the resources they can and will provide when engaging citizens and communitites
- Insufficient budget, which is often ineffectively used, thus causing states to not meet needs
- Labour unions can often cause bottlenecks and challenges to resourcing, therefore there should be more engagement with labour unions in discussions about health care financing and resourcing
- There is a lack of awareness amongst communities about the stake they have in managing their health care and how insurance schemes can benefit them
- Other key challenges include socio-cultural/economic issues such as religious beliefs, societal norms and poverty

# Action learning

## Actions for government

- Altering management of key services to ensure they are self-sustaining
- Adoption of insurance schemes that fit the local context, including and evaluation what to call such schemes; for example, using the phrase contributory shceme instead of insurance may raise acceptance in the communities
- Production of guidelines for effective utilisation of basic provision funds

## Actions for communities and citizens

- Improved community engagement that creates ownership of sustainable health care financing schemes, thus ensuring communities and citizens have a stake in the schemes and therefore fostering support to maintain them.
- Involvement of communities in sensitization and education, using appropriate, acceptable and accessible language
- Engagement of 'people with means' in the community, such as philanthropists, to sponsor those community members who are unable to afford out-of-pocket health care expenses

## Actions for partners and donors

- Instance of government co-funding activities and identified interventions, through basket funds and other co-funding mechanisms
- Alignment of donor/partner work with government's core issues, such as universal health coverage and strategic health plans
- Utilisation of local champions as advocates with government
- Ensure all partner/donor schemes have existing demand and address needs



**Presenters**

- **Esther Agbon** – Senior Health Finance and Advocacy Advisor, E4A-MamaYe
- **Mani Safiyanu** – National Strategic Planning Adviser, MNCH2

# Breakout session 2: Empowering Facility Health Committees (FHCs) for the future

## Main takeaways

- FHCs are the voice of the citizens
- FHCs require government support and partnership
- FHCs are lagging behind due to resource generation
- FHCs are involved in the decision-making processes of the respective communities and have vital role to play in improving the quality of health services

## Key lessons

- FHCs work to solve the pressing issue of their communities by including feedback from community members in their discussions
- FHCs have been successful in mobilising resources to sustain health facilities and in making lasting changes to the quality-of-care in their community facilities, with such initiatives as Blood Banks and Maternal Death Reviews
- FHCs act as a mediator between communities and facility staff to ensure an improved quality service is provided
- FHCs have been successful in using evidence to generate resources to help improve facilities and the quality of services

## Challenges

- There is lack of capacity within FHCs to track their resources

## Action learning

- FHC activities should be institutionalised in the National Health Act
- Government should recognise the work of FHCs and help to build their capacity
- Community involvement, as well as government support, it is critical to sustaining FHCs
- FHCs should be given the "Right to Information" to aid in their use of evidence

> I may not like government to force FHCs, because they may not be independent.
>
> Learning event participant

### Presenters

- **Abel Adejor** – State Team Leader - Kaduna, PERL
- **Dr. Ashiru Hamza** - National Accountability and Advocacy Adviser, MNCH2

# Breakout session 3:
# Access to and use of information

## Main takeaways

- Accountability mechanisms should not take for granted that the government knows what to do about/solve the challenges within the health care system
- Different sources of data can help advocacy
    - Health budget and MNCH scorecards
    - Human Resources for Health (HRH) – monthly employee return form
    - Community Scorecards
    - Use of other data sources for triangulation – QuIC/QoCAT, ISS, HMIS, MPDSR
    - Human Resource Information System (HRIS)
- Citizens are now more involved in governance
- Open government partnerships have helped citizens in holding the government to account

## Key lessons

- Good relationships among citizens, CSOs and government (tripartite relationship) brings results
- Emergence of private media has increased citizens participation in governance
- Documentation of public pronouncement helps citizens hold government to account
- Accountability mechanisms should be made aware of government budgets so that citizen demands are realistic

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**Community Scorecards are completed by both community members and Healthcare Workers.**

Developed twice a year, scorecards capture community and healthcare providers perceptions for a given state.

## MNCH2 COMMUNITY SCORECARD │ All Communities & All Questions
### Community responses – sorted by LGA

| | Community | Availability of healthcare workers | Attitude of healthcare workers | Availability of drugs | Water | Toilets | Sanitation | Security | Opening hours | ANC | Delivery | Immunisation | HTSP | Malaria | Diarrhoea | Other Health Services | General conditions at the clinic | Community Outreach | Waiting times | General satisfaction | All Qs |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LGA 1 | 1 | 51% | 100% | 72% | 73% | 27% | 65% | 19% | 97% | 84% | 55% | 77% | 73% | 85% | 82% | 94% | 59% | 68% | 85% | 62% | 70% |
| LGA 1 | 2 | 67% | 92% | 62% | 35% | 26% | 100% | 0% | 100% | 98% | 98% | 100% | 60% | 100% | 59% | 100% | 100% | 100% | 100% | 67% | 77% |
| LGA 2 | 3 | 60% | 100% | 95% | 25% | 62% | 86% | 80% | 92% | 63% | 57% | 100% | 78% | 80% | 100% | 93% | 51% | 74% | 71% | 50% | 75% |
| LGA 2 | 4 | 33% | 100% | 23% | 7% | 25% | 100% | 48% | 83% | 83% | 91% | 100% | 84% | 100% | 83% | 91% | 9% | 93% | 33% | 51% | 65% |
| LGA 3 | 5 | 63% | 100% | 69% | 50% | 79% | 92% | 48% | 94% | 100% | 58% | 100% | 83% | 98% | 83% | 76% | 59% | 85% | 68% | 77% | 78% |
| LGA 3 | 6 | 41% | 98% | 41% | 100% | 96% | 87% | 68% | 80% | 47% | 63% | 94% | 87% | 71% | 69% | 69% | 62% | 100% | 68% | 64% | 74% |
| LGA 4 | 7 | 88% | 91% | 93% | 84% | 52% | 94% | 82% | 100% | 100% | 77% | 100% | 94% | 100% | 89% | 91% | 67% | 90% | 99% | 56% | 87% |
| LGA 4 | 8 | 72% | 97% | 78% | 65% | 75% | 67% | 60% | 86% | 89% | 87% | 91% | 73% | 91% | 71% | 88% | 57% | 96% | 94% | 97% | 81% |

## Challenges

- Issues with uploading complete data to the HMIS
- Funding is a universal challenge to reform
- Politicization of key issues and lack of sustainability planning directly affects reforms

## Action learning

- The use of advocacy champions within government can help further efforts of SLAMs and other accountability mechanisms
- Citizens easily engage government through existing law, including signed MoUs
- Share information with mass media to increase advocacy efforts

### RENOVATION AND UPGRADING OF 255 PRIMARY HEALTH CARE CENTERS AS AT MARCH 2018

| | LGAs | PHCS AWARDED | PHCS COMPLETED |
|---|---|---|---|
| NORTHERN ZONE | KUDAN | 10 | 5 |
| | KUBAU | 11 | 5 |
| | IKARA | 10 | 2 |
| | MAKARFI | 10 | 5 |
| | ZARIA | 13 | 6 |
| | LERE | 11 | 2 |
| | SABON GARI | 10 | 3 |
| | SOBA | 11 | 5 |
| CENTRAL ZONE | BIRNIN GWARI | 11 | 3 |
| | GIWA | 11 | 3 |
| | IGABI | 11 | 4 |
| | CHIKUN | 12 | 3 |
| | KADUNA NORTH | 12 | 3 |
| | KADUNA SOUTH | 14 | 4 |
| | KAJURU | 10 | 4 |
| SOUTHERN ZONE | KAGARKO | 10 | 2 |
| | KAURA | 10 | 0 |
| | JABA | 10 | 3 |
| | JEMA'A | 12 | 4 |
| | KACHIA | 12 | 6 |
| | KAURU | 12 | 2 |
| | SANGA | 11 | 3 |
| | ZANGON KATAF | 11 | 0 |

**PHCs AWARDED**

- **86** NORTHERN ZONE
- **81** CENTRAL ZONE
- **88** SOUTHERN ZONE
- **255** TOTAL

**PHCs COMPLETED**

- **33** NORTHERN ZONE
- **24** CENTRAL ZONE
- **20** SOUTHERN ZONE
- **77** TOTAL

**Health Budget Scorecards, developed by SLAMs, are unique to each state.**

They show how the state is fairing in the allocation and release of funds for health.

The example here is from Kaduna state and was developed from a secondary analysis of the 2017 appropriation act, end of year budget performance report.

It is expected that CSOs and media will use the scorecard to influence actions that will promote transparency, accountability and the utilisation of health finances.

### 5-YEAR TREND ANALYSIS OF HEALTH BUDGET PERFORMANCE

| YEAR | HEALTH CAPITAL BUDGET | HEALTH CAPITAL BUDGET RELEASED | % HEALTH CAPITAL BUDGET RELEASED |
|---|---|---|---|
| 2013 | 5,723,013,350.09 | 906,183,825.00 | 15.83 |
| 2014 | 10,429,297,595.00 | 334,742,200.00 | 3.21 |
| 2015 | 8,198,983,555.00 | 1,439,577,979.00 | 17.56 |
| 2016 | 6,661,683,063.73 | 2,699,834,105.00 | 40.53 |
| 2017 | 10,490,384,271.80 | 3,610,997,032.83 | 34.42 |
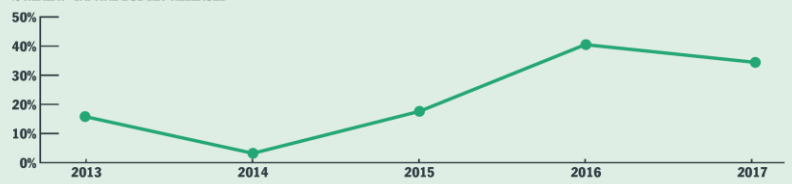


### Presenters

- **Jenna de St. Jorre** – Options
- **Dr. Babatunde Segun** – E4A-MamaYe Country Director, Options

# Next steps for ensuring sustainability

## Main takeaways

- Evidence should be SMART for adovcacy to enable accountability mechanisms to monitor progress
- States can tap into the experiences of other states to adopt and adapt sustainable health care financing to suit the socio-cultural norms of their state
- Low-level of funding and inadequate human resources are critical challenges of health service delivery

FHCs mobilise resources and access them for the benefit of their community.

Learning event participant

## Key lessons

- Evidence should be SMART(specific, measurable, achievable, realistic and time-bound) for adovcacy to enable accountability mechansims to monitor progress
- Use of information by FHCs can put them in a better position to engage with stakeholders, specifically decision-makers

## Action learning

- Establishment of structures for the implementaiton of sustainable health care financing should be expedited by states that do not currenly have these in place

## Commitments

Learning event participants were asked to write down the commitments they and/or their organisation were going to make to continue and sustain the work and progress that has been done to date. Below are a list of the commitments made:

- I would continue with mobilisation of people in regard to SLAM
- **As a civil society, I will continue to encourage volunteerism to sustain accountability in my state health sector**
- I commit to re-thinking the scorecards for MNCH2 to make them more sustainable (international partner)
- **To cascade this training down and also involve more community members**
- Continued collaboration with MNCH2 in Kano. The programme I work for PERC-ARC is already collaborating around:
    - Improved budget allocation
    - HR for health
    - Institutional strengthening for contributing health and agency
- I commit to supporting the staff to ensure quality technical assistance to state to improve the provision of RMNCH services through accountability mechanism (STL-MNCH2)
- **I commit to always make available health data to be used as evidence for the accountability process (government representative)**
- I will continue to ensure that accountability is entrench in the discharge of my responsibilities
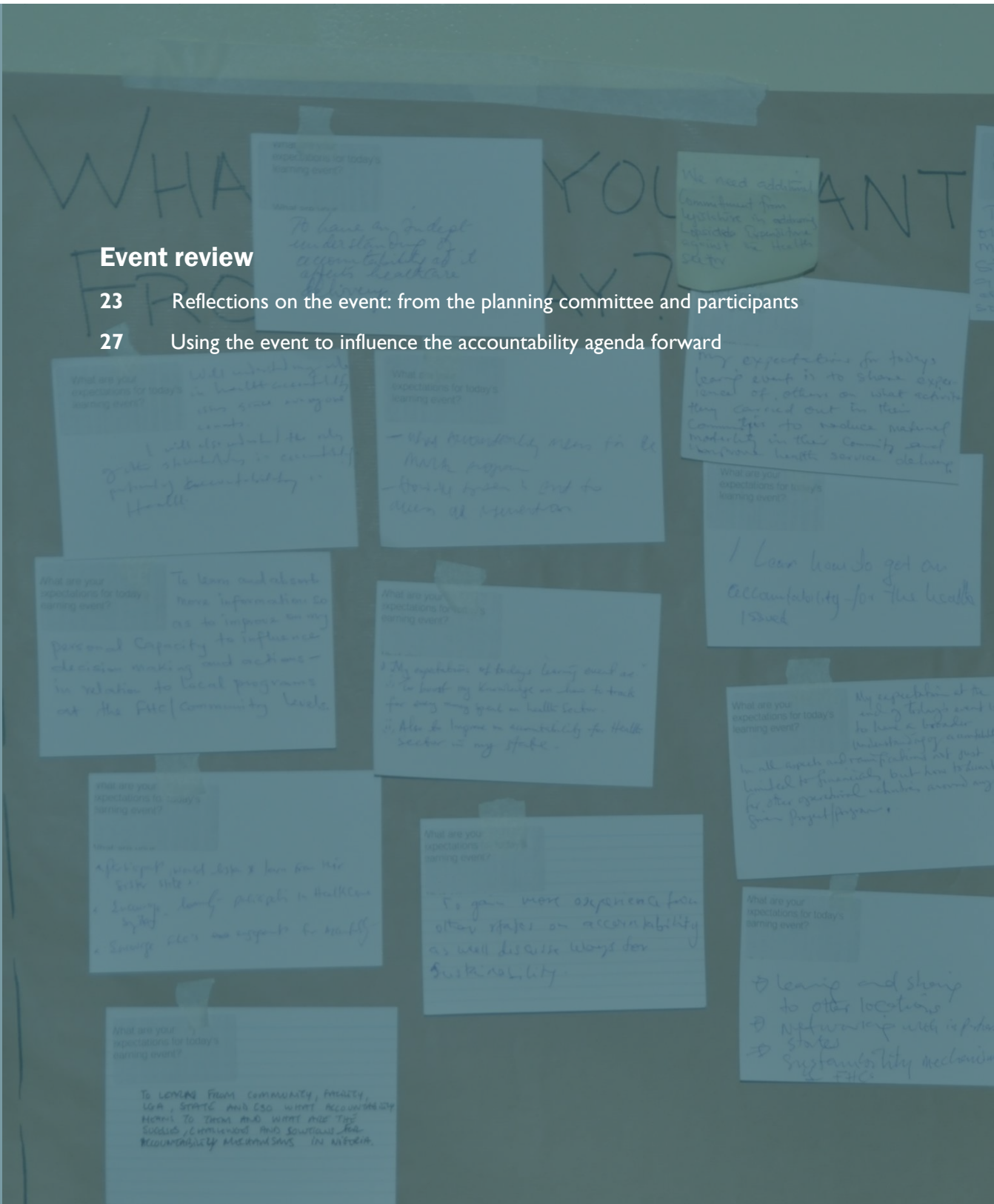- **I will continue to mentor and train others on accountability**

- I commit to using the resources at my disposal to ensure that we can save more lives of mothers and babies (CSO)

- **I promise to re-dedicate myself to community service**

- I will commit to collaborate with SLAMs to ensure accountability

- I commit to build capacity of SLAMs to ensure sustained advocacy for health financing

- **To adopt any reform in the government organisation and see that reform was carried our as planned**

- I will continue to mentor and supervise the projects that I issued release for

- **As a community representative, I would do my best to sensitise my larger community to understand the importance of accountability as a basic tool for promoting health issues**

- I pledge to support any activity leading to accountability for improved MNCH

- I undertake to make accountability in day-to-day affairs of running my organisation

- I am committed to mentor CS groups on accountability mechanisms

- **I commit to make ZoMAM and the SMOH use accountable mechanisms to promote the health sector in Zamfara**

- (Partner)
    - I commit to supporting partners, CSOs, government or community advocates championing accountability work
    - I commit to support building their capacity

- Continue to engage with CS and citizens to strengthen knowledge and accountability

- As a CSO, I will make sure I hold myself accountable first to be a leader by example

- **I commit myself to improve supervision (facility manager)**

- I have had a lot of testimonies/future plans for the primary healthcare centre in our area

- **I commit to proper accountability for my society and FHC to improve accountability**

# Event Review

## Event review

# Reflections on the event: from the planning committee and participants

## Main takeaways

- Overall the event went well and the participants were very satisfied with the event and its content
- There was an overwhelming call by both the participants and the planning committee for the event to be spread over two days, in order to allow states to network more and to delve deeper into the topics
- Time management and time keepers were appreciated and worked well
- Participants and members of the planning committee expressed the need to have the government more involved during the event, e.g. leading panel discussions, providing relevant presentations and actively participating in the different sessions
- Participants expressed their desire to hear and learn more from other states on how they are doing things and how their successes can be adapted to their activities and how they overcame their challenges to implement within programming

## What worked well

### Participants

- 94.7% of participants who completed the evaluation gave an 'Excellent' or 'Good' overall assessment of the event
- The majority of participants expressed the usefulness of the sustainable health care financing session
- The breakout sessions were lauded as one of the most useful aspects of the learning event as it gave the participants time to interact with one another, work on 'real-life' case studies and discuss/share issues/solutions with one another
- 94% of participants who completed the evaluation form said the event met their expectations
- 24 out of 30 participants said the event was 'Definitely' useful / applicable to their work; the remaining 6 said it was 'Mostly' relevant to their work
- The panel discussions received mixed reviews, but from a positive viewpoint it was stated they were useful because experience is shared, challenges identified, and solutions were prepared

**When participants were asked what they wanted from the event, the vast majority stated they want to 'learn from others' and 'share experiences'**

“Time constraint, as all [activities] were packed into a day event; an additional day would make it work [better]…other than that everything is ok.

*Learning event participant*

“The breakout session[s] were most useful to me…

*Learning event participant*

The breakout session[s] were very interactive and I have a lot of highlight in to the issue

*Learning event participant*

Breakout deliberations: it gives opportunity to suggest our experience and come up with consensus.

*Learning event participant*

## Planning committee

- Overall the planning committee felt that the event planning went smoothly and that the tasks were metered out appropriately; this included the Trello Board and the regular phone calls
- The implementation of timekeepers worked well and the time management of the event was successful
- The videos and testimonies were seen to be useful to the participants and good tool for sharing stories
- Interactivity of the breakout sessions was deemed to work well and useful to the participants – especially the ability for all of the participants to attend all three breakout sessions
- The scorecard posters looked great
- Presentations which included 'real-life' stories were seen as working well and valuable to all participants
- The nominations and voting of the success stories (however, there is criticism about this from participants)

## What did not work well

### Participants

- Too much for one day, the event needed to be divided into two days to allow for more dialogue and discussion amongst the participants to share their stories, challenges and solutions
- The process of selecting award winners was criticised stating that is host state will have the voting presence to win regardless of the merits of the stories from other states
- There were suggestions that rooms for participants should be booked at the hotel for the venue

### Planning committee

- The agenda was loaded with activities
- The timing of the event in the last quarter can prevent participation due to budgets and work load
- Whilst tasks were metered out well, there was no proper and dedicated response to assigned tasks during planning and other team members had to assume the responsibilities of others to make the event happen
- Limited time to set up the hall
- Shortage of support staff
- Little or no involvement of State Team Leaders, aside from hosting state
- Venue staffing insufficient to serve tea breaks and lunch – thus taking time from the programme
- There was no dedicated time for the poster gallery feedback, poster placement not easily accessible (but there were limited options)
- One poster printed with multiple problems, which made it confusing and cluttered

> The event was successful and interactive, messages clearly delivered, and people were able to appreciate the evidence from the project.
>
> Learning event planning committee member

> There's activity overload; it should be [a] two-day affair.
>
> Learning event participant

- Too much last-minute planning including the agenda, printing and set-up, change of the breakout session format required a change in planning by the presenters
- Video filming quality needs to be improved (sound quality steadiness of camera)

# What should be done differently

## Participants

- Make it a two-day event
- Include / involve government stakeholders more in the event, including lawmakers, committee members as well as SMoH key staff
- All more time for the sharing of success stories from facilities
- Allocate equal time for all states to be involved / present
- Mobilization of ownership
- All more time for the breakout sessions and more generally for participant discussion

## Planning committee

**Planning**

- Have more involvement from State Team Leaders
- Either reduce the number or presentations or extend the number of days
- Second day should have been allocated for planning at the venue, more planning committee members should arrive two days before
- Technical staff roles should be defined three days before the activity
- All printing should be done before the event and should be done professionally, or at least with a printer that produces quality print-outs
- Select participants who are directly involved with the theme of the event to attend and assign important deliverables to them
- Work with the host state and ask how such an event should happen within the given budget and offer parameters
- Have SMoHs and DFID involved in the programme as panel members, presenters etc.
- The agenda (and alternative agendas) should be confirmed a week in advance with no last-minute changes
- Allocate a dedicated time for the poster gallery and assure venue will be able to accommodate the posters prior to arrival, take poster to venue viewings to ensure space for the gallery
- Use of handles / hashtags for social media
- Put banner in front of venue and more MNCH2 banners in venue
- Have more supplies, such as flipcharts, available

**Presentations**

- Confirm whether Wi-Fi will be available at the site prior to the event and inform presenters with plenty of notice

> Future programme should consider focussing community engagement by governmental budget and planning.
>
> Learning event participant

- Each presenter should have a slide with 'takeaway messages' at the end of each presentation to ensure the different audience members are on the same page
- Presenters should all have at least one 'show and tell' PowerPoint slide
- Panel discussions should include more interaction between the panellists and the participants
- Panel discussion moderators should also be briefed on their role and provided presentations prior to the event

**Breakout sessions**

- Have participants move for the breakout sessions
- Each breakout session should have a slide of the expectations and learning outcomes at the beginning of each session
- Allocate more time for interactive participation, such as the breakout sessions – good to have all participants attend all breakout sessions

# Using the event to influence the accountability agenda forward

## Main takeaways

- Good relationships among community, CSOs and government brings better results
- Accountability in MNCH2 means the use of evidence generated to improve planning and accountability, in doing this, everybody counts
- Documentation of high-level pronouncements helps citizens hold the government to account
- Facilities with FHCs provide better services and are better informed
- Better use of information by FHCs can improve their engagement positions with stakeholders
- Accountability to CSOs is viewed from two perspectives: the perspective of the government and the receivers of services
- Accountability to CSOs means what had been done to whom and with what impact
- Accountability also means justification, transparency, responsibility, sustainability and prudence
- Accountability for Nigeria means engagement of government and citizens and in a democracy a critical element in the engagement between citizens and the state is accountability
- Accountability in Nigeria means the more the government is watched the better they behave

## Moving the accountability agenda forward

- Accountability in the health sector means reform intended to bring a paradigm shift in order to improve quality in the sector, service delivery and quality-of-care, in line with Univerisal Health Coverage. It is also about increasing and releasing budgetary outcomes
- When civil society has information, they can play a more credible role when meeting with officials and requesting reforms
- Information is power, and accountability is about people. Accountability can only be improved if citizens continue to monitor services and government
- SLAMs must sustain efforts in advocating releases of funds for MNCH related activities rather than an increase on percentage allocation
- SLAMs must sustain engagement with state government to improve healthcare service provision particularly issues of Human Resources Health (HRH)
- Government must ensure they are working with FHCs and SLAMs by frequently building their capacity and ensuring their work is sustained by the community with the 'Right to Information'